

**Superior Court of Washington
County of**

State of Washington, Plaintiff,

v.

Defendant

DOB

PCN:

SID:

CCN:

No.

**Order for Pre-Sentence Chemical
Dependency Screening and Risk
Assessment for Parenting
Sentencing Alternative (ORPSA)**

Offense: _____

[] Clerk's action required

The court will consider imposing a sentence under the **Parenting Sentencing Alternative**. It is hereby

Ordered that the Defendant shall participate in a chemical dependency screening with a DOC contracted provider and a DOC risk assessment. It is further

Ordered that sentencing in this case shall occur on _____, 20____, at ____am/pm before Judge _____ in Room _____ of the _____ County Courthouse. It is further

Ordered that within 14 - 17 days of receiving this order, the screening report and risk assessment shall be faxed or delivered to the Court at (fax number or room number): _____, to the Prosecuting Attorney at (fax number): _____, to the Defendant (or Defense Counsel) at (fax number): _____, and to the Department of Corrections Headquarters CD Unit.

[] Defendant is residing in the community. Defendant's address and telephone number are:

[] Defendant is incarcerated at: _____

[] Defense counsel's name and address are: _____

Dated: _____

Judge

Presented by:

Deputy Prosecuting Attorney

WSBA No.

Print Name:

Attorney for Defendant

WSBA No.

Print Name:

Defendant

Print Name:

The court will **fax** this order to the DOC **Family and Offender Sentencing Alternative Administrator**.
Fax: (360) 586-0169.

Or For Par.Sent.Alt. Pre-Sent. Chem.Dep.Screen (ORPSA) Page 1 of 1
WPF CR 84.0360 (09/2012) RCW 9.94A.655(2)